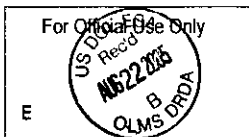


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12570	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Edward M Smith P.O. Box, Bldg., Room No., if any Street 1 North Old State Capitol Plaza City Springfield State Illinois ZIP Code +4 62701-1375	4. Name, file number, and address of labor organization. Name Laborers' International Union of North America Labor Organization File Number 000-131 P.O. Box, Building and Room Number, if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code +4 20006-1703
5. Position in labor organization. VP, Reg. Mgr. & Asst. to Gen. Pres.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Edward M. Smith</u>	On <u>8-15-05</u> <u>217-522-3381</u> Date Telephone Number

Name of Person Filing Edward Smith	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name [Intentionally left blank]</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>[Intentionally left blank]</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>[Intentionally left blank]</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers-Employers Coop & Education Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 905 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1703</p>	<p>14.a. Nature of payment.</p> <p>1/5/04: National Railroad Construction & Maintenance Agreement Conference and Railroad Cooperation and Education Trust Meeting, Dinner.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment \$95</p>

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers-Employers Coop & Education Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 905 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1703</p>	<p>14.a. Nature of payment.</p> <p>1/6/04: National Railroad Construction & Maintenance Agreement Conference and Railroad Cooperation and Education Trust Meeting, Dinner.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment. \$67</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Railroad Maintenance & Industrial Health ...</p> <p>Trade Name, if any: ...and Welfare Fund</p> <p>P.O. Box, Bldg., Room No., if any Suite 2</p> <p>Street 2205 West Wabash</p> <p>City Springfield</p> <p>State Illinois ZIP Code + 4 62704-5354</p>	<p>14.a. Nature of payment.</p> <p>1/7/04: Railroad Maintenance and Industrial Health & Welfare Fund and Railroad Cooperation and Education Trust Meetings, Meal.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment. \$47</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Central Laborers' Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 1267</p> <p>Street 201 North Main Street</p> <p>City Jacksonville</p> <p>State Illinois ZIP Code + 4 62650-1679</p>	<p>14.a. Nature of payment.</p> <p>1/7/04: Dinner meeting.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment. \$26</p>

Name of Person Filing Edward Smith

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

1/14/04: National Alliance for Fair Contracting Meeting, Meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$31

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name The Lakin Law Firm

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 229

Street 300 Evans Avenue

City Wood River

State Illinois ZIP Code + 4 62095-0229

14.a. Nature of payment.

1/2/04 & 1/3/04: South Central & Illinois Laborers' District Council Hunt, Hunting outing, Lodging and Meals. Unable to itemize the cost of individual benefits, total amount reported.

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$271

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of North Am.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

1/17/04: National Tri-Fund Conference, Meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$74

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

1/18/04 to 1/21/04: National Tri-Fund Conference, Lodging.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$1,137

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

1/18/04: National Tri-Fund Conference, Meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$25

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

1/18/04: National Tri-Fund Conference, Laundry.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$26

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

1/18/04: National Tri-Fund Conference, Reception.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$104

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

1/18/04: National Tri-Fund Conference, Meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$42

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment

1/20/04: National Tri-Fund Conference, Meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$29

Name of Person Filing Edward Smith

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

1/19/04: National Tri-Fund Conference, Trustees Dinner.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$128.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

1/20/04: National Tri-Fund Conference, Laundry.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$32

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

1/21/04: National Tri-Fund Conference, Meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$43

Name of Person Filing Edward Smith	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name IL Laborers' & Contractors Joint Apprentice- Trade Name, if any: ship & Training Center Fund P.O. Box, Bldg., Room No., if any Street Rural Route 3 City Mount Sterling State Illinois ZIP Code + 4 62353-9802	14.a. Nature of payment 2/9/04: Midwest Region Leadership Conference, Lodging and Meals.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name IL Laborers' & Contractors Joint Apprentice- Trade Name, if any: ship & Training Center Fund P.O. Box, Bldg., Room No., if any Street Rural Route 3 City Mount Sterling State Illinois ZIP Code + 4 62353-9802	14.a. Nature of payment 2/10/04: Midwest Region Leadership Conference, Lodging and Meals.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name IL Laborers' & Contractors Joint Apprentice- Trade Name, if any: ship & Training Center Fund P O. Box, Bldg., Room No., if any Street Rural Route 3 City Mount Sterling State Illinois ZIP Code + 4 62353-9802	14.a. Nature of payment. 2/11/04: Midwest Region Leadership Conference, Lodging and Meals.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$40

Name of Person Filing Edward Smith	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 2/16/04 to 2/18/04: Pipeline Conference, Lodging.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$278

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 2/17/04: Pipeline Conference, Lunch.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$34

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name LaSalle Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 135 S. LaSalle Street City Chicago State Illinois ZIP Code + 4 60603-4177	14.a. Nature of payment. 1/27/04: Business Dinner. Amount unknown, best estimate \$100.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14.b. Amount of payment.

Name of Person Filing Edward Smith	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 2/18/04: Pipeline Conference, Reception.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$77

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 2/18/04: Pipeline Conference, Meal.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$59

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name IL Laborers' & Contractors Joint Apprentice- Trade Name, if any: ship & Training Center Fund P O. Box, Bldg., Room No., if any Street Rural Route 3 City Mount Sterling State Illinois ZIP Code + 4 62353-9802	14.a. Nature of payment. 2/22/04: Supervisor Training, Lodging and Meals.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$40

Name of Person Filing Edward Smith	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers' National Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 105 Street 14140 Midway Road City Dallas State Texas ZIP Code + 4 75244-3672	14.a. Nature of payment. 2/24/04 & 2/25/04: Laborers' National Pension Fund Board of Trustees Meetings, Lodging.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$337

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Labcrers' National Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 105 Street 14140 Midway Road City Dallas State Texas ZIP Code + 4 75244-3672	14.a. Nature of payment 2/24/04: Laborers' National Pension Fund Board of Trustees Meetings, Dinner.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$43

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers' National Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 105 Street 14140 Midway Road City Dallas State Texas ZIP Code + 4 75244-3672	14.a. Nature of payment 2/25/04: Laborers' National Pension Fund Board of Trustees Meetings, Dinner.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$133

Name of Person Filing Edward Smith	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers' National Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 105 Street 14140 Midway Road City Dallas State Texas ZIP Code + 4 75244-3672	14.a. Nature of payment. 2/26/04: Laborers' National Pension Fund Board of Trustees Meetings, Lunch.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$28

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Central Laborers' Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 1267 Street 201 North Main Street City Jacksonville State Illinois ZIP Code + 4 62650-1679	14.a. Nature of payment. 2/27/04: National Coordinating Committee for Multi-Employers Pension Plan Meeting, Deposit for Lodging.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$251

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name MO Laborers'-AGC Education & Training Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 35 Opportunity Road City High Hill State Missouri ZIP Code + 4 63350-3101	14.a. Nature of payment. 3/9/04: Staff Training, Lodging and Meal.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$40

Name of Person Filing Edward Smith

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Segal Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 500

Street 101 North Wacker Drive

City Chicago

State Illinois ZIP Code + 4 60606-1724

9. Business deals with

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Central Laborers' Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 1267

Street 201 North Main Street

City Jacksonville

State Illinois ZIP Code + 4 62650-1679

11.a. Nature of such dealing.

The Segal Company provides actuarial services to the Central Laborers' Pension Fund.

11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

4/18/04: Dinner meeting prior to Supreme Court Hearing, Dinner for self and spouse. Amount unknown, best estimate \$139.

12.b. Amount.

Name of Person Filing Edward Smith	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name MO Laborers'-AGC Education & Training Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 35 Opportunity Road City High Hill State Missouri ZIP Code + 4 63350-3101	14.a. Nature of payment. 3/18/04: Construction Craft Apprentice Graduation, Meal for self and spouse.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$67

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Central Laborers' Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 1267 Street 201 North Main Street City Jacksonville State Illinois ZIP Code + 4 62651-1679	14.a. Nature of payment. 3/24/04: Dinner meeting.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$79

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Central Laborers' Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 1267 Street 201 North Main Street City Jacksonville State Illinois ZIP Code + 4 62650-1679	14.a. Nature of payment. 3/25/04: Dinner Meeting.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$115

Name of Person Filing Edward Smith

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Northern Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 8010 Excelsior Drive

City Madison

State Wisconsin ZIP Code + 4 53717-1951

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Central Laborers' Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 1267

Street 201 North Main Street

City Jacksonville

State Illinois ZIP Code + 4 62651-1679

11.a. Nature of such dealing.

Northern Capital Management provides financial and investment services to the Central Laborers' Pension Fund.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

3/12/04: Big 10 National Collegiate Athletic Association Basketball Games, Three tickets for self, spouse, and child.

12.b. Amount.

\$225

Name of Person Filing Edward Smith

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Northern Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 8010 Excelsior Drive

City Madison

State Wisconsin ZIP Code + 4 53717-1951

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Central Laborers' Pension Fund

Trade Name if any:

P.O. Box, Bldg., Room No., if any PO Box 1267

Street 201 North Main Street

City Jacksonville

State Illinois ZIP Code + 4 62651-1679

11.a. Nature of such dealing.

Northern Capital Management provides financial and investment services to the Central Laborers' Pension Fund.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

3/13/04: Big 10 National Collegiate Athletic Association Basketball Games, Three tickets for self, spouse, and child.

12.b. Amount.

\$225

Name of Person Filing Edward Smith

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Northern Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 8010 Excelsior Drive

City Madison

State Wisconsin ZIP Code + 4 53717-1951

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employee

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Central Laborers' Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 1267

Street 201 North Main Street

City Jacksonville

State Illinois ZIP Code + 4 62651-1675

11.a. Nature of such dealing.

Northern Capital Management provides financial and investment services to the Central Laborers' Pension Fund.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

3/14/04: Big 10 National Collegiate Athletic Association Basketball Games, Three tickets for self, spouse, and child.

12.b. Amount.

\$225

Name of Person Filing Edward Smith	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers' Health & Safety Fund of North Am. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 3/29/04: Building & Construction Trades Department Conference, Dinner.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$196

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 4/12/04: Railroad Cooperation and Education Trust Meeting, Dinner.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$108

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Central Laborers' Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 1267 Street 201 North Main Street City Jacksonville State Illinois ZIP Code + 4 62650-1679	14.a. Nature of payment. 4/19/04: Lunch following Supreme Court hearing, Lunch for self and spouse.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$69

Name of Person Filing Edward Smith	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Stree City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 4/26/04 to 4/28/04: National Tri-Fund Board of Trustees Meetings, Lodging.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$816

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Entrust Capital Trade Name, if any: P.O. Box, Bldg., Room No., if any 25th Floor Street 717 Fifth Avenue City New York State New York ZIP Code + 4 10022-8101	14.a. Nature of payment. 3/8/04: Business Meal. Amount unknown, best estimate \$50.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name LaSalle Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 135 S. LaSalle Street City Chicago State Illinois ZIP Code + 4 60603-4177	14.a. Nature of payment. 6/7/04: Business dinner. Amount unknown, best estimate \$100.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14.b. Amount of payment.

Name of Person Filing Edward Smith

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers'-Employers Benefit Plan Coll. Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

1/20/04: National Tri-Fund Conference, Meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$32

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

4/27/04: National Tri-Fund Board of Trustees Meetings, Meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$86

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

4/27/04: National Tri-Fund Board of Trustees Meetings, Reception.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$45

Name of Person Filing Edward Smith

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Intentionally Left Blank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

Intentionally Left Blank

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment

4/27/04: National Tri-Fund Board of Trustees Meetings, Meal.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

\$86

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment

4/27/04: National Tri-Fund Board of Trustees Meetings, Reception.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

\$45

Name of Person Filing Edward Smith

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

4/28/04: National Tri-Fund Board of Trustees Meetings, Meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$55

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

4/29/04: National Tri-Fund Board of Trustees Meetings, Meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$29

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Intercontinental Real Estate Corp.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1270 Soldiers Field Road

City Boston

State Massachusetts ZIP Code + 4 02135-1003

14.a. Nature of payment.

7/24/04: Business luncheon. Amount unknown, best estimate \$50.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing Edward Smith

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Lerach, Coughlin, Stoia, Geller, Rudman ...

Trade Name, if any: ...Robbins, LLP

P.O. Box, Bldg., Room No., if any Suite 1600

Street 401 B Street

City San Diego

State California ZIP Code + 4 92101-4239

9. Business deals with

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Central Laborers' Pension Fund.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 1267

Street 201 North Main Street

City Jacksonville

State Illinois ZIP Code + 4 62651-1679

11.a. Nature of such dealing.

Lerach, Coughlin, Stoia, Geller, Rudman Robbins, LLP provides legal services to the Central Laborers' Pension Fund.

11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

5/3/04: Business meal. Amount unknown, best estimate \$100.

12.b. Amount.

Name of Person Filing Edward Smith

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name MR Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 525

Street 1 North Old State Capital Place

City Springfield

State Illinois

ZIP Code + 4 62701-1375

14.a. Nature of payment.

5/19/04: June 2004 Mid-American Labor-Management Conference, Registration fee.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Greater Kansas City Laborers' Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8944 Kaw Drive

City Kansas City

State Kansas

ZIP Code + 4 66111-1730

14.a. Nature of payment.

6/4/04: Construction Craft Apprentice Graduation, Meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$57

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name MR Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 525

Street 1 North Old State Capital Place

City Springfield

State Illinois

ZIP Code + 4 62701-1375

14.a. Nature of payment.

6/25/04: Labor Management Conference Meeting, Meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$39

Name of Person Filing Edward Smith

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Columbia Management Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 Southwest Sixth Avenue

City Portland

State Oregon ZIP Code + 4 97201-3464

9. Business deals with

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Central Laborers' Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 1267

Street 201 North Main Street

City Jacksonville

State Illinois ZIP Code + 4 62651-1679

11.a. Nature of such dealing.

Columbia Management Group provides financial and investment services to the Central Laborers' Pension Fund.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

May 2004: 4 Ireland Tourism Tours, one for self and three for spouse. Amount unknown, best estimate \$200.

12.b. Amount.

Name of Person Filing Edward Smith

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Columbia Management Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 Southwest Sixth Avenue

City Portland

State Oregon ZIP Code + 4 97201-3464

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Central Laborers' Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 1267

Street 201 North Main Street

City Jacksonville

State Illinois ZIP Code + 4 62651-1679

11.a. Nature of such dealing.

Columbia Management Group provides financial and investment services to the Central Laborers' Pension Fund.

11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

5/25/04: Business dinner for self and spouse.
Amount unknown, best estimate \$150.

12.b. Amount.

Name of Person Filing Edward Smith	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Columbia Management Group</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1300 Southwest Sixth Avenue</p> <p>City portland</p> <p>State Oregon ZIP Code + 4 97201-3464</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Central Laborers' Pension Fund.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 1267</p> <p>Street 201 North Main Street</p> <p>City Jacksonville</p> <p>State Illinois ZIP Code + 4 62651-1679</p>	<p>11.a. Nature of such dealing.</p> <p>Columbia Management Group provides financial and investment services to the Central Laborers' Pension Fund.</p> <p>11.b. Approximate dollar value of such dealing. unknown</p> <p>12.a. Nature of interest held or income received.</p> <p>5/26/04: Golf outing. Amount unknown, best estimate \$100.</p> <p>12.b. Amount.</p>

Name of Person Filing Edward Smith

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Columbia Management Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1300 Southwest Sixth Avenue

City Portland

State Oregon ZIP Code + 4 97201-3464

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Central Laborers' Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 1267

Street 201 North Main Street

City Jacksonville

State Illinois ZIP Code + 4 62651-1679

11.a. Nature of such dealing.

Columbia Management Group provides financial and investment services to the Central Laborers' Pension Fund.

11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

5/26/04: Business dinner for self and spouse.
Amount unknown, best estimate \$150.

12.b. Amount.

Name of Person Filing Edward Smith

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Chicago Equity Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 3800

Street 180 North LaSalle Street

City Chicago

State Illinois ZIP Code + 4 60601-2501

9. Business deals with

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Central Laborers' Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 1267

Street 201 North Main Street

City Jacksonville

State Illinois ZIP Code + 4 62651-1679

11.a. Nature of such dealing.

Chicago Equity Partners provides financial and investment services to the Central Laborers' Pension Fund.

11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

6/22/04: Baseball Game, one ticket.

12.b. Amount.

\$60

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

6/27/04: Labor-Management Conference Meeting, Meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$78

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' National Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 105

Street 14140 Midway Road

City Dallas

State Texas ZIP Code + 4 75244-3672

14.a. Nature of payment.

8/3/04 & 8/4/04: Laborers' National Pension Fund Board of Trustees Meetings, Lodging.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$499

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' National Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 105

Street 14140 Midway Road

City Dallas

State Texas ZIP Code + 4 75244-3672

14.a. Nature of payment.

8/3/04: Laborers' National Pension Fund Board of Trustees Meetings, Trustees Dinner.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$66

Name of Person Filing Edward Smith	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name [Intentionally left blank] Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. [Intentionally left blank]
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers' National Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 105 Street 14140 Midway Road City Dallas State Texas ZIP Code + 4 75244-3674	14.a. Nature of payment. 8/4/04: Laborers' National Pension Fund Board of Trustees Meetings, Trustees Dinner.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$66

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name [Intentionally left blank] Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. [Intentionally left blank]
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name [Intentionally left blank]

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

[Intentionally left blank]

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Sharrock Holdings

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4444 Lakeside Drive

City Burbank

State California

ZIP Code + 4 91505-4054

14.a. Nature of payment.

8/30/04: Business dinner. Amount unknown, best estimate \$100.

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia

ZIP Code + 4 20006-1703

14.a. Nature of payment.

8/23/04: National Tri-Fund Board of Trustees Meeting, Meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$44

Name of Person Filing Edward Smith	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Century Planners</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 350</p> <p>Street 9201 Watson Road</p> <p>City St. Louis</p> <p>State Missouri ZIP Code + 4 63126-1509</p>	<p>9. Business deals with</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name So. IL Laborers Health & Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2035 Washington Avenue</p> <p>City Cairo</p> <p>State Illinois ZIP Code + 4 62914-0113</p>	<p>11.a. Nature of such dealing.</p> <p>Century Planners provides claim services to the Southern Illinois Laborers Health and Welfare Fund.</p>
	<p>11.b. Approximate dollar value of such dealing. unknown</p>
	<p>12.a. Nature of interest held or income received.</p> <p>8/10/04: Business dinner. Amount unknown, best estimate \$50.</p> <p>12.b. Amount.</p>

Name of Person Filing Edward Smith	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers'-AGC Education & Training Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 37 Street 37 Deerfield Road City Pomfret Center State Connecticut ZIP Code + 4 06259-1405	14.a. Nature of payment. 8/23/04: National Tri-Fund Board of Trustees Meeting, Meal.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$32

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. 8/25/04: National Tri-Fund Board of Trustees Meeting, Meal.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$32

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name IL Laborers' & Contractors Joint Apprentice- Trade Name, if any: ship & Training Center Fund P.O. Box, Bldg., Room No., if any Street Rural Route 3 City Mount Sterling State Illinois ZIP Code + 4 62353-9802	14.a. Nature of payment. 10/1/04: Apprenticeship Graduation Jacket Presentation, Jacket.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$99

Name of Person Filing Edward Smith

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Realty Advisors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 800

Street 801 North Brand Boulevard

City Glendale

State California ZIP Code + 4 91203-1261

9. Business deals with

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Central Laborers' Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 1267

Street 201 North Main Street

City Jacksonville

State Illinois ZIP Code + 4 62651-1679

11.a. Nature of such dealing.

American Realty Advisors provides financial and investment services to the Central Laborers' Pension Fund.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

9/1/04: Business dinner. Amount unknown, best estimate \$100.

12.b. Amount.

Name of Person Filing Edward Smith	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name IL Laborers' & Contractors Joint Apprentice- Trade Name, if any: ship & Training Center Fund P.O. Box, Bldg., Room No., if any Street Rural Route 3 City Mount Sterling State Illinois ZIP Code + 4 62353-9802	14.a. Nature of payment. 9/17/04: Public EmmLOYEE Training Conference, Lodging and Meals.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name IL Laborers' & Contractors Joint Apprentice- Trade Name, if any: ship & Training Center Fund P.O. Box, Bldg., Room No., if any Street Rural Route 3 City Mount Sterling State Illinois ZIP Code + 4 62353-9802	14.a. Nature of payment. 9/18/04: Public EmmLOYEE Training Conference, Lodging and Meals.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name IL Laborers' & Contractors Joint Apprentice- Trade Name, if any: ship & Training Center Fund P.O. Box, Bldg., Room No., if any Street Rural Route 3 City Mount Sterling State Illinois ZIP Code + 4 62353-9802	14.a. Nature of payment. 10/1/04: Skills Training Demonstration Day, Lodging and Meals.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$40

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name IL Laborers' & Contractors Joint Apprenti-

Trade Name, if any: ship & Training Center Fund

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

10/2/04: Skills Training Demonstration Day, Lodging and Meals.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment

\$40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of N. America

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

10/17/04: Railroad Cooperation and Education Trust Meeting, Meal.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' National Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 105

Street 14140 Midway Road

City Dallas

State Texas

ZIP Code + 4 75244-3672

14.a. Nature of payment.

10/26/04 & 10/27/04: Laborers' National Pension Fund Board of Trustees Meetings, Lodging.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$593

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' National Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 105

Street 14140 Midway Road

City Dallas

State Texas

ZIP Code + 4 75244-3672

14.a. Nature of payment.

10/26/04: Laborers' National Pension Fund Board of Trustees Meetings, Trustees Dinner.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$112

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Lakin Law Firm

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 229

Street 300 Evans Avenue

City Wood River

State Illinois

ZIP Code + 4 62095-0229

14.a. Nature of payment.

12/10/04: South & Central Illinois District Council Holiday Party for self and spouse. Amount unknown, best estimate \$130.

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' National Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 105

Street 14140 Midway Road

City Dallas

State Texas

ZIP Code + 4 75244-3672

14.a. Nature of payment.

10/27/04: Laborers' National Pension Fund Board of Trustees Meetings, Trustees Lunch.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$33

Name of Person Filing Edward Smith	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers' National Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 105 Street 14140 Midway Road City Dallas State Texas ZIP Code + 4 75244-3672	14.a. Nature of payment. 10/27/04: Laborers' National Pension Fund Board of Trustees Meetings, Trustees Dinner.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$128

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Central Laborers' Health & Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 1267 Street 201 North Main Street City Jacksonville State Illinois ZIP Code + 4 62650-1679	14.a. Nature of payment. 11/3/04: Central Laborers' Health and Welfare Fund Administrator's Meeting, Dinner.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$43

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name So. IL Laborers'-Employers Health & Welfare Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2035 Washington Avenue City Cairo State Illinois ZIP Code + 4 62914-0113	14.a. Nature of payment. 2004: Wages & benefits of spouse, Elizabeth I. Smith, Administrator of Southern Illinois Laborers' and Employers Health & Welfare Fund.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$98,648

Name of Person Filing Edward Smith

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Even Weston, Northern Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 800

Street 8010 Excelsior Drive

City Madison

State Wisconsin ZIP Code + 4 53717-1951

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Central Laborers' Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 1267

Street 201 North Main Street

City Jacksonville

State Illinois ZIP Code + 4 62651-1679

11.a. Nature of such dealing.

Northern Capital Management provides investment and financial services to the Central Laborers' Pension Fund.

11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

May 2004: Gift, Book. Amount unknown, best estimate \$26.

12.b. Amount.

Name of Person Filing Edward Smith

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Mark Kirincich, Commonwealth Realty Advisors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 3000

Street 20 South Clark Street

City Chicago

State Illinois ZIP Code + 4 60603-1802

9. Business deals with

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Central Laborers' Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 1267

Street 201 North Main Street

City Jacksonville

State Illinois ZIP Code + 4 62651-1679

11.a. Nature of such dealing.

Commonwealth Realty Advisors provides investment and financial services to the Central Laborers' Pension Fund.

11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

October 2004: Gift, Book. Amount unknown, best estimate \$50.

12.b. Amount.

Name of Person Filing Edward Smith	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Ron Luraschi, Amalgamated Bank</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 15 Union Square</p> <p>City New York</p> <p>State New York ZIP Code + 4</p>	<p>9. Business deals with</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Laborers' National Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 105</p> <p>Street 14140 Midway Road</p> <p>City Dallas</p> <p>State Texas ZIP Code + 4 75244-3672</p>	<p>11.a. Nature of such dealing.</p> <p>Amalgamated Bank provides investment and financial services to the Laborers' National Pension Fund.</p>
	<p>11.b. Approximate dollar value of such dealing. unknown</p>
	<p>12.a. Nature of interest held or income received.</p> <p>December 2004: Gift, Holiday blanket.</p> <p>12.b. Amount. \$38</p>

Name of Person Filing Edward Smith

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Ron Luraschi, Amalgamated Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 Union Square

City New York

State New York ZIP Code + 4 10003-3378

9. Business deals with:

a. Labor Organization

b. Trust

c. Employee

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Laborers' National Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 105

Street 14140 Midway Road

City Dallas

State Texas ZIP Code + 4 75244-3672

11.a. Nature of such dealing.

Amalgamated Bank provides investment and financial services to the Laborers' National Pension Fund.

11.b. Approximate dollar value of such dealing. unknown

12.a. Nature of interest held or income received.

December 2004: Gift, Spirits.

12.b. Amount. \$179

Addenda to Form LM-30: Labor Organization Officer and Employee Report

EDWARD SMITH

File Number U -

Laborers' International Union of North America, Organization File Number 000 -131

Fiscal Year Covered From: 1/1/04 through 12/31/04

Page 1 of 2

ADDENDUM A

On several occasions in 2004, I recall that I was given complimentary promotional items, such as a clothing item, accessory or printed material with the Laborers' International Union of North America logo, etc. At no time did I solicit such items, and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items nor did any member of my family. I have no knowledge as to the value of the items, and do not recall the manufacturer or provider of such items.

ADDENDUM B

On several occasions in 2004, particularly during holiday seasons, I recall that I was given complimentary items. At no time did I solicit such items, and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items, as I shared them with the individuals in my office. My actions were in line with published Office of Government Ethics guidelines, which state, "When it is not practical to return a tangible item because it is perishable, the item may, at the discretion of the employee's supervisor or an agency ethics official, be given to an appropriate charity, shared within the recipient's office, or destroyed." 5 C.F.R. 2635.205.

ADDENDUM C

On several occasions in 2004, I recall complimentary gifts were sent without my request to my hotel room, such as a fruit basket, cheese basket, bottle of wine or spirits, etc. I have no recollection or knowledge as to the value of the item, nor as to the purchaser or provider of such item.

ADDENDUM D

I recall that I received unsolicited items at golf outings/tournaments, such as a sleeve of balls, a golf club or golf apparel, etc., in connection with a round of golf, which I have reported. At no time did I solicit such an item, and I have no specific recollection of receipt of any such item, nor knowledge as to the value of the item.

Addenda to Form LM-30: Labor Organization Officer and Employee Report

EDWARD SMITH

File Number U -

Laborers' International Union of North America, Organization File Number 000 -131

Fiscal Year Covered From: 1/1/04 through 12/31/04

Page 2 of 2

ADDENDUM E

I have personal friendships with individuals who may be employed by reportable entities under the Labor-Management Reporting and Disclosure Act, which exist separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and have no specific recollection of any benefits received.

ADDENDUM F

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

ADDENDUM G

I am not reporting any benefits that I may have received from a political action committee ("PAC"). My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act.

ADDENDUM H

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.

ADDENDUM I

My wife is employed as the Administrator of Southern Illinois Laborers' and Employers Health & Welfare Fund. When she has received reimbursement for expenses or benefits as a result of her employment, I have not reported those reimbursements or benefits.

Edward M. Smith
Vice President, Midwest Regional Manager
and Assistant to the General President
Laborers' International Union of North America
1 North Old State Capitol Plaza, Suite 525
Springfield, IL 62701



August 15, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

Re: Form LM-30 Filing for Edward M. Smith, U-
Labor Organization File No. 000 - 131

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection of benefits I may have received. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount. Further, in completing the LM-30 report, I have consulted with legal counsel and have obtained and have relied upon legal advice.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

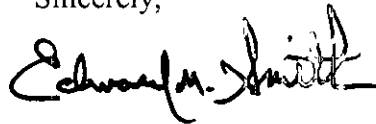
It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the advice of legal counsel and the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all

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lawfully reported benefits that I received in 2004. By reporting any items on this LM-30 Report, I do not concede that any of the items must be reported under 29 U.S.C. 432, or that I did not receive such items within the provisions of 29 U.S.C. 186(c).

Sincerely,

A handwritten signature in black ink, appearing to read "Edward M. Smith". The signature is fluid and cursive, with a prominent initial "E" and a long, sweeping underline.

Edward M. Smith

Enclosure